



North Carolina
Department of Health and Human Services
Division of Medical Assistance
Medical Policy

1985 Umstead Drive – 2501 Mail Service Center - Raleigh, N.C. 27699-2501
Courier Number 56-20-06

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

L. Allen Dobson, Jr. M.D., Assistant Secretary
for Health Policy and Medical Assistance

**Psychiatric Residential Treatment Facility (PRTF)
Certification of Need: Medicaid Inpatient Psychiatric Service Under Age 21**

Recipient Name: _____ Facility Name: _____

Medicaid ID #: _____ Provider #: _____

Date of Birth: _____ Admission Date: _____

Type of Certification: (check 1 item)

_____ Pre-admission/elective

Medicaid Eligibility Status: (check 1 item)

_____ Medicaid eligible on admission

_____ Pending Medicaid on admission

_____ No evidence of Medicaid on admission

At the time of admission, the interdisciplinary team certifies the following:

1. Ambulatory care resources in the community do not meet the treatment needs of the recipient.
2. Proper treatment of the recipient's condition requires services on an inpatient basis under the direction of a physician.
3. The inpatient services can reasonably be expected to improve the recipient's condition or prevent further regression so that services will no longer be needed.

Physician Team Member Signature

Print Name/Title

Date (Mo/Day/Yr)

Other Team Member Signature

Print Name/Title

Date (Mo/Day/Yr)

Submit to:

ValueOptions
P.O. Box 13907
5001 South Miami Boulevard
Suite 200
RTP, NC 27709

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